

THE COMMUNITY AND FAMILY LIVING AMENDMENTS OF
1985
" (S. 873 and H.R. 2902T
FACT SHEET

Purpose

The Community and Family Living Amendments (CFLA) of 1985 (S. 873 and H.R. 2902) would amend the Medicaid program (Title XIX of the Social Security Act) to better "assist severely disabled individuals to attain or maintain their maximum potential for independence and capacity to participate in community and family life". CFLA would, over a period of 14 years, restructure Medicaid services for mentally retarded and other severely disabled individuals by shifting the priority of the Federal share of Medicaid funds from long-term institutional arrangements to services provided in community-based, integrated, family-scale environments. Medicaid coverage for services for severely disabled persons living at home or in community settings would be expanded under CFLA.

Background

CFLA bills have been introduced in both Houses of the 99th Congress. S. 873 was introduced on April 3, 1985 by Senator John Chafee (R-RI). Original co-sponsors were: Robert Stafford (R-VT) and Daniel Inouye (D-HI). H.R. 2902 was introduced on June 27, 1985 by Congressman James Florio (D-NJ). Original co-sponsors were: Tony Coelho (D-CA), Bruce Morrison (D-CT), Dean Gallo (R-NJ), and Robert Torricelli (R-NJ). There are now six Senate sponsors and over 35 House sponsors of CFIA, together representing 19 states.

Association for Retarded Citizens' Position

CFLA is considered by the ARC as the most important piece of legislation of this decade affecting people who are developmentally disabled. It is seen as an opportunity to make adjustments to the Medicaid program which are in keeping with current philosophies of care, training, and community living for people with disabilities. In addition to correcting the "institutional bias" in the Medicaid program as it relates to severely disabled individuals, CFLA will assist the states in establishing those home and community-based services which can provide a preferred alternative to institutionalization. The know-how and technology to provide community services even to those with the most complex needs have been demonstrated throughout the country, validating the purpose of CFLA to commit federal funds to individualized, mainstreamed services in the community. The ARC strongly supports CFLA and urges its prompt passage.

Major Provisions

As a condition of receiving federal funds for certain services not now available under their existing state Medicaid plans, states will be required to engage in long-term systematic planning of coordinated community and institutional service delivery systems affecting people with disabilities. The bills

7. Making gradual reductions in the percentage of federal Medicaid match as it applies to care of certain "severely disabled individuals" in Medicaid-certified long-term care facilities accommodating more than 15 residents. The rate would be reduced by 1% per quarter over ten years (i.e., a 50% rate would drop to 30%, a 75% rate to 45%) thereby fostering but not imposing a reduction in its use of institutional beds. The federal matching percentage for community-based programs would remain at the level of other Medicaid services offered by the state.
8. Placing a limit on state's claims for federal reimbursement under Medicaid for expenditures in institutional settings in the year 2000. A limit will be placed on use of federal Medicaid funds for facilities over 15 beds - the limit will be 15% of federal Medicaid expenditures in a chosen "base year", adjusted for inflation. No limits are set on state expenditures in the large facilities. It is expected that the "15% limit" after 2000 A.D. and the reduced percentage for institutional services will work together to allow a state to maintain, with a federal match, up to 25% of its current institutional-based population in mid-size and/or large facilities while fostering the growth of community and family-based service provision for severely disabled people.